

Last Call Distribution

1 Helen Dr., 1st Floor East, Johnson City, NY 13790

Phone 607-729-2803

Fax 607-729-7898

www.lastcalldistro.com

Shop Name: _____ # of full time employees: _____

Address: _____ # of part time employees: _____

_____ Square footage: _____

City: _____ State: _____ Zip: _____ # of bikes sold per year: _____

Phone: _____ Fax: _____ Sales contact name: _____

Email: _____ Web: _____ Preferred method of contact about sales or new products: email fax phone

Trade References

Name: _____ Phone: _____ Fax: _____

Name: _____ Phone: _____ Fax: _____

Name: _____ Phone: _____ Fax: _____

Bank References

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Checking Acct#: _____ Social Security #: _____

Have you, as an individual, partner or shareholder ever filed for bankruptcy? Yes No If Yes, When? _____

Primary Owner or President

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Person responsible for accounts payable: _____ Phone: _____

By signing this application, I hereby attest that the above information is true and accurate. I agree to pay a 2% per month late fee on any unpaid balance starting after the due date. I also agree to pay reasonable attorney fees, court costs or collecting fees if it becomes necessary for my account to be turned in for collection. I personally guarantee any debt for the above company if, for any reason, said company ceases.

Authorized signature: _____ Date: _____

Print name: _____ Title: _____

Last Call Distribution

607-729-2803

Fax 607-729-7898

www.lastcalldistro.com

BUSINESS POLICY

Last Call Distribution reserves the right to decline doing business with anyone who has not completed a business application. Applications will be declined if the business is not a bicycle or bicycle components and accessories dealer with the proper verification (tax id number or business license) and the business is located in a permanent location.

WHEN PLACING AN ORDER

Orders may be placed by the following methods: phone, fax, or email. All orders that are faxed or emailed must provide part numbers, description, quantities, ship-to location, fax, phone number, and the name of the person placing the order. Orders that are received by 1:00pm EST will be shipped the same day they are received. We reserve the right to apply a \$5 service charge for orders under \$50.

REQUIREMENTS BEFORE INITIAL SHIPMENT

A complete business application must be received before a COD-company check or payment terms will be offered. Orders that are received prior to the completion of an application will only be COD-money order/certified check or credit card.

SHIPPING

All orders within the continental United States will be shipped UPS unless an other method is requested. Shipping charges are the requirement of the purchaser.

Free ground freight only on component orders of \$500 or more. Bicycle frames and complete bicycles are not eligible. These terms do not include the current UPS COD charge, or apply to customers outside of the continental United States. Lost shipments may be reported to Last Call Distribution, however, we do not assume responsibility for merchandise damaged or lost in transit. We will trace shipments but accept no liability. Damaged shipments are reported directly to the carrier.

RETURNED CHECKS

All returned checks are charged \$25.00. Account will be placed in probation which customer will have to pay with a MONEY ORDER / CERTIFIED CHECK or CREDIT CARD for the next 3 orders. If a 2nd returned check is received within the fiscal year, customer will lose the option to pay with a business / personal check.

THE RETURN POLICY

This includes Lost or Damaged Goods. All returns must have a return authorization number (RA#) and be approved by an Last Call Distribution manager. Freight is the responsibility of the purchaser (Possible exceptions do apply). All returns may be subject to a 15% restocking charge. Difference, if applicable, will be repaid in credit with Last Call Distribution on all orders except for credit card orders, which can be credited. All returns must be received within 10 days of Ship Date or they will not be accepted, no exceptions.

Important note: All claims of lost or damaged goods must be placed with UPS within 24 hours by purchaser or receiver of shipment.

SHORTAGES

If you receive an order that is short or missing parts, you must make acclaim within 2 business days after receiving order. Make sure to check all boxes received. Claims of shortages will not be accepted outside of the 2 business days.

REFUSED ORDERS

All refused orders will cause account to be placed on hold until shipping charges and 15% restocking fee is paid by credit card only.

WARRANTIES

Last Call Distribution assumes no responsibilities, expressed or implied, for the warranties given by the manufacturer of goods, which we distribute. All warranty items must be returned to specific manufacturer for claim consideration.

PRICING

The minimum pricing requirements established by Last Call Distribution must be followed. Last Call Distribution maintains the right to cease doing business with anyone who does not follow the pricing requirements.

***Prices are subject to change without notice. Salesperson can quote you current prices via phone.

Payment Terms

Dealers in good standing may ask to receive payment terms. Dealers will be asked to provide at least 3 credit references which will be checked by Last Call Distribution. Eligible businesses can receive 15 days terms on orders under \$500 and 30 days terms on orders above \$500. A credit limit will be established according to the size and payment history of the dealer. Terms will be revoked if the account does not remain in good standing.

By signing this form, I hereby attest that the above terms and policies are understood and agreed upon. I also agree to pay for reasonable attorney fees, court costs or collection fees if it becomes necessary for my account to be turned in for collection. I personally guarantee any debt for this company if, for any reason, said company ceases to be a going concern.

Company Name: _____

Print Name: _____

Title: _____ Date: _____

Authorized Signature: _____